

LEWIS COUNTY JUVENILE DETENTION DAY REPORTING PROGRAM

Name: _____ D.O.B. _____ Age _____ Race _____ JUVIS# _____

Charge: _____ Parent's Name: _____

Address: _____ Phone#: _____ P.O.: _____

EMERGENCY PHONE _____ School _____

SCHOOL HOURS: 7:30 a.m.- 3:30 p.m. Monday, Tuesday, Wednesday, Thursday, Friday (circle days)

WORK CREW HOURS: 8:00 a.m.- 4:00 p.m. Saturday and Sunday.

* **SUMMER WORK CREW:** Monday - Friday 8:00 a.m. - 4:00 p.m., unless otherwise directed.

1. I am scheduled for the following days in _____ 200_____, _____, _____, _____, _____, _____, _____, _____, _____, _____, _____.
2. I will report to the Juvenile Department no later than **7:30 a.m. On the weekdays and weekend.** I understand I **must** complete the day reporting or work crew in order to receive day for day credit towards detention time.
3. When I report, I will bring **no** other items to the detention center other than my clothing, and schoolbooks. I shall bring no money, jewelry, cell phone, video games etc.. When I report for work crew I will dress appropriately (work boots, tennis shoes, coat, etc). Shorts, tank tops, sleeveless shirts, and gang type clothing will **NOT** be allowed. Females must wear bras. **I will bring my own lunch for work crew. I understand that failure to bring a lunch will result in my being sent home or possibly being booked into detention.**
4. I will notify the detention officer assigned to Day Reporting if I have any difficulty finishing my school obligation and/or work crew. This staff and Assistant Administrator or his designee will decide if I will remain in detention for non-compliance.
5. I agree to follow the rules and regulations set by the Juvenile Court and perform in a cooperative and satisfactory manner. I will observe all County, State, and Federal laws and statutes.
6. I understand that though I may leave the detention facility at the end of the required time, I am at all times in the custody of the juvenile detention center. If I fail to fulfill my obligations to this program, I may be required to remain in detention.
7. I understand that **ANY** unauthorized absence will constitute the crime of **Bail Jumping**, under **R.C.W. 9A.76.170(1)(C)**, and that a warrant may be issued for my arrest.
8. I further understand that my **termination** from this program **will result** in my returning to **detention** and **Court** for further legal action.
9. I understand that if I am unable to attend the Day Reporting program for any reason, I am obligated to call 360-740-2632 or 360-740-1178 and leave a detailed message as to why I am unable to attend. I also understand that if I miss a scheduled Day Reporting day, I may be contacted by Juvenile Court Officials and ordered to report to detention for immediate intake into detention.

LEWIS COUNTY JUVENILE DETENTION DAY REPORTING PROGRAM

Pick-up site:_____ Arrival/Pick-up time:_____

Drop-off site:_____ Approximate Drop-off time:_____

***Please note:** Allow a waiting period of at least **15 minutes** past your pick up time. The work crew supervisor attempts to maintain a schedule by picking you up and dropping you off according to your schedule. However, if more than 15 minutes has passed since the time you were scheduled to be picked up, please call 360-520-0256(work crew van) or 360-740-2632 or 360-740-1178, for further direction.

MEDICAL **AGREEMENT AND CONSENT FOR TREATMENT**

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son or daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient. I understand that Lewis County is not insuring my son or daughter for medical emergencies not related to a specific Job Skills work injury. Medical insurance responsibility is that of the parent/guardian.

Participants Name _____ Date of Birth _____

Address _____ City _____

Participant's health and accident insurance company _____

List of all allergies, especially to medications _____

List of all medications being taken or illness(s) being treated _____

PARENT/GUARDIAN _____ Date _____

SIGNATURE OF YOUTH _____ Date _____

REVIEWED BY _____ Date _____